ELECTION LAW § 3-110 LEAVE REQUEST FORM

AT LEAST TWO WORKDAYS NOTIFICATION PRIOR TO THE ELECTION IS REQUIRED

ALL FIELDS ARE REQUIRED TO BE FILLED OUT

Incomplete forms will be returned

Name:		-
Home Address:		
Position:		
District Location/Building:		
District work time (Start/Finish):		
Election Type: check one	☐ Primary ☐ Special ☐ O	ther
Election Date: F	Polling Place hours:	
Polling Place Location: Name/ Address:		
City / County / State:		
Amount of time requested: (Circle One)		
¼ hr. ½ hr. 1 hr. 1 ¼ hr. 1 ½ hr. 1 ¾ hr.	2 hr. 2 ¼ hr. 2 ½ hr. 2 ¾ hr. 3	hr.
Note: Time must be taken at the beginning	or the end of Employee's shift.	
Please indicate your preference: (understanding	that the District will make the ultim	ate decision).
☐ Beginning of Shift	☐ End of Shift	
Employee Signature/Date:	ote and that I will use this leave time	to cast my vote on the date
(For District Response) Time Granted:		
Date: Tim	ne:	
By		ate
Print Name	Signature	